



MINUTEMEN HR MANAGEMENT SERVICES

Mary Ann Nowak
Clearview Board of Education
4700 Broadway Avenue
Lorain, OH 44052

March 2024
Policy#:34750351

Dear Mary Ann Nowak,

Congratulations! You can save up to 53% on your workers' compensation premiums!

We are happy to announce that your company can be enrolled into the Ohio Workers' Compensation Group Rating Program administered by **Minutemen HR** for the 2025 Rating Year.

We understand the importance of value and that's why our fees are low; but our service is unmatched. As a Minutemen HR Group Rating participant, you will receive:

- Annual premium analysis reports with program comparisons and savings projections on all BWC programs
- Partnership in compliance with BWC mandates and legislative changes
- Strategic, full workers' compensation claims management including: hearing representation, fraud detection, claims settlement advisement, handicap reimbursements, and return to work opportunities

Our goal is to help contain the costs associated with work accidents so your business doesn't suffer.

To ensure you don't miss out saving on your workers' compensation premium, please complete and return the following forms in the return envelope provided by April 30, 2024.

- Policy Disclosure Questionnaire
- Employer Statement for Group-Experience-Rating Program (Form AC-26)

Thank you for allowing Minutemen HR to provide our services to your organization.

You will be billed on or around January 1, 2025. For fee information please see 'Service Fee' on savings summary. All questions can be directed to Mike Pollack at (216) 225-4381 x 1310 or mike.pollack@minutemenhr.com.

Respectfully,

COO

*Minutemen HR reserves the right to re-evaluate your company's participation prior to May 31, 2024 should there be any changes to your projected workers' compensation experience.



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2025 Group Rating Savings Analysis

Manual	Base Rate	Estimated Payroll	Individual TM% -21%		Published Grp TM% -57% Group Break Even Factor 1.244 Group TM% -47%	
			Individual Rate*	Est Individual Premium	Group Rate*	Est Group Premium
9434-RN	0.32	11,551,007	0.3072	35,484.69	0.2089	24,130.05
9444-RN	0.15	0	0.1474	0	0.0983	0
Totals		11,551,007		35,484.69		24,130.05
Size Adjusted Premium				35,484.69		
Premium Reduction due to Group Rating Program						11,354.64
Group Rating Plan Management Fee						750.00
Net Savings						10,604.64

* Rates include BWC Assessments

Estimated savings based on most recent annual payroll. Actual savings will be based on payroll reported for 2025 policy year.

Minutemen HR

2024 Policy Disclosure Questionnaire

Clearview Board of Education
34750351

You must answer these following important questions, circle correct response.

1. In the past 5 years, has your company restructured, purchased, merged, or acquired the assets of another company? Please provide BWC policy number(s) and/or legal business name(s): YES / **NO**

2. Is your company a Professional Employer Organization (PEO/AEO)?
A PEO/AEO, also known as an Employee Leasing Company, is a separate entity that is responsible for Workers' compensation coverage for all or part of your workforce. YES / **NO**
3. Have you been involved in the leasing of employees as an employer or a Professional Employer Organization (PEO/AEO) in the past five years? YES / **NO**
4. In the past 5 years, has your company done business in Ohio under a policy number other than policy number 34750351? YES / **NO**
5. Does your company currently have a workers' compensation matter pending before the Court of Common Pleas, the Court of Appeals, or the Supreme Court of Ohio? YES / **NO**
6. In the upcoming policy year, will your company merge with another company or restructure? YES / **NO**

CERTIFICATION BY CORPORATE OFFICER/OWNER/PARTNER: I certify the foregoing information is true to the best of my knowledge and we are current on our payments, premium assessments, security deposit and any other billings to the Bureau of Workers' Compensation. I also understand that the final group rate must be estimated in advance of the application date, and the actual savings achieved will depend upon the level of participation, final loss figures and total payroll reported by individual group members. I also understand failure to disclose any server claims or predecessor risk numbers may affect the group rate, and I agree to disclose such information prior to my application with the group.

Signature X Mary Ann Nowak Title Treasurer/CFO
 Print Name MARY ANN NOWAK Date 3/21/2024

DISCLOSURE OF PRIOR BWC ACCOUNT: If your corporation or previous owners of your organization have operated the facility under a different policy (account) number with the Ohio Bureau of Workers' Compensation in the past five (5) years, provide the following information:

Former Company Name	BWC Policy/Risk No.	Prior Owner's Name

Customer Contact Updates

Please indicate any changes in your company contacts below

Billing Contact:
 Name Mary Shafer Title Asst. to Treas. Phone 440-233-5412 X-1009
 Address 4700 Broadway Ave. City Lorain St Oh Zip 44052-5542
 Email Address mary.shafer@clearviewschools.org

Claims Contact:
 Name Raven Centrone Title Payroll Supv. Phone 440-233-5412 X-1007
 Address same as above City _____ St _____ Zip _____
 Email Address raven.centrone@clearviewschools.org



Employer Statement for Group-Experience-Rating Program

Instructions

- Please print or type.
Please return completed statement to the attention of the sponsoring organization you are joining.
If you have any group-experience-rating questions call BWC at 614-466-6773.

BWC USE ONLY
Application effective with policy year beginning

NOTE: The employer programs unit group underwriters must review and approve this application before it becomes effective.

Employer name: Clearview Board of Education
Telephone number: (440) 233-5412
BWC policy number: 34750351
Address: 4700 Broadway Avenue
City: Lorain
State: OH
Nine-digit ZIP code: 44052

Group-Experience-Rating Program Enrollment

I agree to comply with BWC's group-experience-rating program rules (Ohio Administrative Code Rules 4123-17-61 through 4123-17-68). I understand my participation in the group-experience-rating program is contingent on such compliance. This form supersedes any previously filed AC-26.

I understand only a BWC group-experience-rating program certified sponsor can offer membership into the program. I also understand if the sponsoring organization listed below is not certified this application is null and void.

I am a member of the SWOEPC sponsoring organization or a certified affiliate organization and would like to be included in the group named SWOEPC it sponsors for the policy year beginning January 1, 2025. In addition, I would like to be included in this group each succeeding policy year until rescinded by the timely filing within the preceding policy year of another AC-26 or until the group administrator does not include my company on the employer roster for group-experience-rating. I understand the employer roster submitted by the group administrator will be the final, official determination of the group in which I will or will not participate. Submission of this form does not guarantee participation.

I understand the organization's representative Hunter (currently, as determined by the sponsoring organization) is the only representative I may have in risk-related matters while I remain a member of the group. I also understand the representative for the group-experience-rating program will continue as my individual representative in the event that I no longer participate in the group-experience-rating program. At the time, I am no longer a member of the program, I understand I must file a Permanent Authorization (AC-2) to cancel or change individual representation.

I am associated with the sponsoring organization or a certified affiliate sponsoring organization [X] Yes [] No

NORTHEAST OHIO SAFETY COUNCIL 35849
Name of sponsor or affiliate sponsor Sponsor or affiliate sponsor policy number

Certification

Mary Ann Nowak certifies he/she is the Treasurer/CFO of
(Officer name) (Title)

Clearview Board of Education, the employer referred to above, and
(Employer name)

that all of the information is true to the best of his/her knowledge, information, and belief, after careful investigation.

Mary Ann Nowak 3/21/2024
(OFFICER SIGNATURE) (DATE)